



Health problems and violence faced by adolescent girls due to child marriage at rural areas in Bangladesh

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Bangladesh seems to be one of the highest rates of child marriages in the developing world. Child marriage is a strong social custom, particularly for girls in Bangladesh. Present study provides new evidence on the child health problems associated with child marriage in Bangladesh particularly addressing the life stages and violence faced due to child marriage at rural area. It also explores the health consequences of early mother and new born baby in Bangladesh. The study used 88 semi structure interviews of adolescent girls 04 FGDs and 10 case studies for collecting data by using in depth interview. The findings explore that early marriage creates maternal mortality with 32.95% of the sample population and almost 36% have faced unwanted pregnancy, 23.86% experienced sexual risk taking from their husband in rural areas, 25% girls are taking unsafe abortion and 26.13% respondents are the victims of severe injury due to early marriage. HIV viruses (9%) of the respondents are facing due to improper and unsafe sexual relation with multiple partners and about 36% had faced chronic pain syndrome. Almost 70% girls are doing caesarean section during their delivery and 29% are taking vaginal delivery. About 75% mothers are delivering low birth weight babies. The consequences of child marriage put the girls at risk of early pregnancies with life-threatening conditions which requires a proper attention from authority.

INTRODUCTION

Child marriage means a marriage of a child younger than 18 years old (in accordance to article 1 of the Convention of the Right of the child, November, 1989). Early marriage is a common custom in India, with children get married before their physical and psychological maturity (Isiozor et al., 2018). Child marriage in India increases for high religious traditions, social practices, and financial factors and deeply prejudices (Khan et al. 2018; Wahhaj, 2018). In many countries, child marriage is regarded as a long-lasting tradition, where a late marriage would not be adequate to the community (McNulty & Widman, 2014; Rahman et al., 2018). Early daughter marriage may also be considered as a mean of widening her and her family's security (Sarker, 2017). Sexual self-restraint and virginity are also considered important values in many family honors. Moreover, in families where parents cannot offer daughters a safe and sound socio-economic room to live and raise into a positive and self-sufficient self-determining individual, child marriage takes main concern over schooling as a mean of safety from risks such as bodily and economic abuse (Rahman et al., 2013; Sarker, 2016a; Sarker, 2016b).

Child marriage is internationally considered as a deliberate

disobedience of Fundamental Human Right. Article 1 of the Convention on the Right of the Child reveals that a girl must have reached her 18th birthday before entering into marital union (Birech & Box, 2013; Sarker, 2016c; Sarker, Ali, & Islam, 2015). Also, there must be liberated and complete approval to the choice and time of her marriage (Sarker et al., 2017). According to international conventions, 18 years has been recognized as the officially authorized age of permission to marriage. In case of Nigeria for example, under 21 and 23 of the Child Rights Act, marriage before the age of 18 is illegal (Toyo, 2006; Sarker & Sultana, 2017; Sarker et al., 2017). Child marriage is defined as a legal or casual union before the age of 18, is a desecration of human rights and a significant obstacle to social and economic development. At present, each year an average of 15 million girls turn into child brides. Several programs and initiatives have been launched to decrease the practice of child marriage but the speed of alteration in lessening is slow (Wahhaj, 2018). In comparison to the 1980s where 1 in 4 women were married before the age of 18, today 1 in 3 marry too early (UNICEF, 2011).

Early marriage of women is a usual practice in many developing countries, where numbers of women get married before the age of 18 (Birech & Box, 2013; Sarker et al., 2017). Different studies have established a negative relationship between early marriage and the health and educational outcomes of women and their children (Adhikari, 2010; Sarker et al., 2018; Sarker & Jie, 2017). Child marriage badly

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affects the physical condition of the mother and her newborn. Complexity in pregnancy and childbirth are the foremost cause of death in young women aged 15-19. Perinatal deaths are 50% higher among babies born to mothers under 20 years of age than among those born to mothers aged 20 to 29. The newborns of these mothers are facing low birth weight, with the risk of long-term effects (UNICEF, 2016).

Some recent studies prove that this experimental relation has a fundamental component. Late marriage has a causal consequence on the woman's educational achievement and her prenatal investments in rural of Bangladesh (Kabir et al., 2016; Sarker et al., 2019). Bangladesh is the highest rate of child marriage within the South Asian region and is ranked as the fourth highest worldwide. The most current estimates report that 52 percent of females are married before the age of 18 and 18 percent are married by age 15 (UNICEF, 2016). Child marriage has physical, psychological and intellectual implications for the child bride. A large body of evidence has documented the negative consequences, including lower educational attainment, higher susceptibility to violence, poor physical and mental health effects, reduced labor force participation and less power and decision making within the marital household (Rahman et al., 2013; Sarker et al., 2018; Kim, 2018).

Child mistreatment includes all types of brutality and maltreatment harmful to body, mind, emotion, oblige force for personal concern and abandon by care givers. There are four major classifications of child abuse like physical abuse: beating, pushing, biting, punching, choking, shaking, throwing, poisoning, burning, scalding, and drowning (Adeyinka et al., 2010; Delprato, et al., 2017). Physical abuse includes physical violence directed at a child by an adult. Emotional Abuse: Cursing swearing, assaults on self-esteem, blaming criticizing children feelings (Guner et al., 2018). Coercing, involve physical contact for example, rape or oral sex, non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. Sexual abuse denotes to the sharing of a child in a sexual act aimed toward the physical gratification or the financial profit of the person committing the act (Islam et al., 2016; Sarker et al., 2019).

More importantly, adolescent wives' nutrition can reject during pregnancy, and coupled with a lack of maternal health care services and vaccinations' usage (Singh, Kumar, & Pranjali, 2014; Singh, Rai, & Singh, 2012), this can have long-term effects on children's cognitive abilities and their associated educational returns (Sultana et al., 2017).

In this paper, we provide new evidence on the child health problems associated with child marriage in Bangladesh. Specifically, we address the life stages and violence faced due to child marriage at rural area. We also explore the health consequences of early mother and new born baby in Bangladesh. These findings justify the need for considerations related to expanding and providing resources to children from child marriage unions, as opposed to present efforts aimed solely at the welfare of the child bride.

RESEARCH METHODS

The study was conducted applying mixed method study (both quantitative and qualitative approaches) of social research. Quantitative data and qualitative information will be triangulated to get a comprehensive picture of consequences and health risk factors of child marriage in Bangladesh.

Method of collection of data

The study subjects were interviewed with the help of predesigned semi-structured questionnaire after taking verbal consent. Information was also collected regarding impact of early marriage on factors of child

marriage, health problems of girls, early mother and newborn health risk such as increased incidence of birth related complications, low birth weight baby.

Study area and population

The study was conducted in different young girls who got married early. The interview and data collection were conducted from the Mirzapur Thana, Tagail district in Bangladesh. The study populations were the young girls, their husband, parents, relatives and other relevant populations.

Data collection Instruments

With a view to getting a complete data three data collection methods such as semi structure interview, Focus Group Discussion and Case Studies were adopted. A Total 88 semi structure interview of adolescent married girls, 04 Focus Group Discussion and 10 case studies were conducted for the study.

Data analysis

After checking and cross-checking of the collected data, all the questionnaires were coded and entered into the excel sheet for analyzing. After discussion of the FGDs, Case Studies, written document and field note carefully examined, edited and transcribed.

RESULT AND DISCUSSION

Poverty, traditional culture, preventing pre-marital sex, religion, family alliances and transactions, region of residence, famine and war are the main causal factor of child marriage (Figure 1), (Guner et al., 2018); (Warria, 2017); (Wahhaj, 2018). Poverty is the most common reason in Bangladesh which helps to increase child marriage. A few interviews prove that heavy bride cost will also be rewarded to their parents and this will get better their family's financial position. Rita, 13 years old girl expressed, "Every Parent is very anxious about ensuring their daughters' virginity and chastity. They think that Child marriage has been considered as a protective mechanism against premarital sexual activity, unintended pregnancies, and sexually transmitted diseases (STDs)."

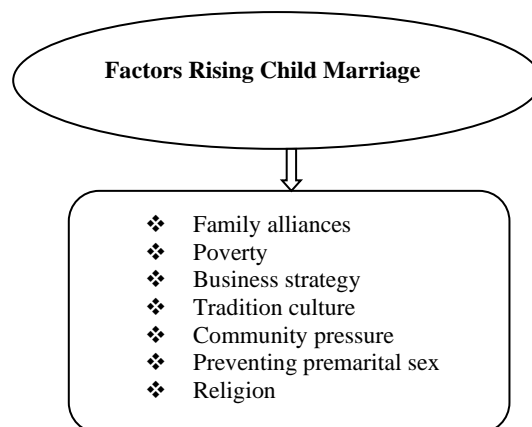


Figure 1 Causal Factors of Child Marriage

Source: Author fieldwork, 2018

Samina, 15 years old woman said, "Girls who marry young tend to be from poor families and to have low levels of education. If they marry men outside their village, they must move away. Coping with the unfamiliar inside and outside the home creates an intensely lonely and

Table 1 Child Health problems associated with child marriage

Major characteristics	Variable categories	Number (n=88)	Percentage (%)
		Female	Female
Fatal outcomes	Suicide	23	26.13
	Maternal mortality	29	32.95
	Homicide	15	17.04
Negatives health behaviors	Alcohol and Drug abuse	09	10.22
	Physical inactivity	17	19.31
	Sexual risk taking	21	23.86
	Unwanted pregnancy	32	36.36
Productive health	HIV	08	9.09
	Unsafe abortion	22	25.00
	Gynecological disorder	14	15.90
	Injury	23	26.13
Psychical health	Functional impairment	09	10.22
	Permanent disability	13	14.77
	Poor subjective health	28	31.81
	Chronic pain syndrome	32	36.36
Chronic condition	Irritable bowel syndromes	11	12.50
	Somatic complaints	16	18.18
	Post traumatic stress	23	26.13
Mental health	Depression	25	28.40
	Anxiety	21	23.86
	Eating disorder	17	19.31
	Sexual dysfunction	13	14.77
	Low self esteem	08	9.09

Data source: Survey, 2018

isolated life. As these girls assume their new roles as wives and mothers, they also inherit the primary job of domestic worker.”

Most parents consider a girl as a financial survival strategy. Unwanted pregnancies are very common in the village of Bangladesh as a result of premarital sex. Fear of pre-marital sex and safety and security of girl many poor families get married her girl in early age. Sometimes they are forced to get married of their child to remove shame of pregnancy (Nasrin et al., 2019). Also, most child marriages in Bangladesh are often arranged due to high influence of traditional culture and highly religious superstitions.

Jyoti, 14 years old woman said, “Poverty plays a significant role in ensuring child abuse. Parents want to make sure their daughters' economic security; daughters are considered an financial burden. Feeding, clothing, and educating girls is costly, and girls will leave the household. A family's only way to recover its investment in a daughter may be to have her married in exchange for a dowry.”

Health Consequences of Child Marriage

The age difference between husband and wife is very available in Bangladesh. Most of the time boys always choose young girl to marry because of beauty and traditional belief. Girls become powerlessness and cannot give decisions freely because of the dependency of their husbands (Sarker et al., 2018). Moreover, they are not allowed to seek out medical care even when they are ill because they need permission of the husband who pays the bill. Different health problems of girl child are depicted in Table 1.

Table 1 show that the common ailment treated by female respondents is maternal mortality with 32.95% of the sample population. Almost 26.13% of female are committing suicide because of early marriage and maltreated by their husband in rural areas. This is occurred because of the poverty and low education of girls in the rural areas in

Bangladesh. Salma 17 years old girl said “I feel abused by threatening or violent interaction of physical, psychological or sexual nature due to early marriage that may cause physical or psychological harm to me in several times”.

Among the women respondents, out of 88 respondents sampled almost 36% have faced unwanted pregnancy at one time or the other, 23.86% experienced sexual risk taking from their husband because of proper knowledge of health risks in rural areas.

Fatema 14 year's old girl said “I abused before I turn into eighteen. I expected to start being sexually active and bear children before her body has fully matured. I suffer from pelvic pain, frequent urination, painful sexual intercourse, vaginal bleeding, reproductive and urinary tracts infections, constipation, vaginal discharge, difficulty walking, and urinary incontinence, which severely compromise her ability to perform daily activities like walking, manual labor, sitting, or lifting her baby.”

The table reveals that 25% girls are taking unsafe abortion and 26.13% respondents are the victims of severe injury due to early marriage. HIV virus (9%) of the respondents is facing due to improper and unsafe sexual relation with multiple partners. About 36% had faced chronic pain syndrome and 14% girls are becoming permanent disable for the early marriage.

Rozina Begum, 20 years old girls stated that: “I urged that my refusal to be sexually active with my spouse due to the pain and discomfort has led to marital rape, domestic violence, and my husband to abandon and/or take on a new wife. I combined the fact that girls who marry before the age of eighteen are more likely to experience domestic and sexual violence in their marital households, suggest that the condition may disproportionately lead underage girls to be abused in this manner.”

The table also shows that post traumatic stress (26%) and somatic complaints (18%) of young girls are facing in rural areas as they have to

Table 2 Impact on health of the mother and newborn

Major characteristics	Variable categories	Number (n=88)	Percentage (%)
		Female	Female
Mode of delivery	Caesarean section	62	70.45
	Vaginal delivery	26	29.54
Ante partum/postpartum hemorrhage	Present	48	54.54
	Absent	40	45.45
Complications in the newborn	Present	53	60.62
	Absent	35	39.77
Low birth weight babies	Yes	66	75
	No	22	25

suffer different torture and ignorance from their husband house. In mental health, every girl is facing highly depression and anxiety and eating disorder because of having child marriage. Almost 28% respondents and 23% girls are suffering long term depression and anxiety. Low access to sexual and reproductive health services of girls most of the time husbands refused to take contraceptive methods such as pills, injection, implants, sterilization, diaphragm or condom in Bangladesh. Moreover, it is regarded as a taboo to most of them who think that God is the supplier of children and they can give birth to as many as God would give them.

Health risks faced by mother and newborn

There is an extensive negative effect that girls face because high fertility has so many negative consequences on the mother and her baby as it may lead to short birth spacing, low birth weight, mal-nutrition, etc. All of which may increase the risk of infant and maternal mortality. Table 2 shows the mode of delivery, complications of new born baby and low birth weight of the impact of health of the mother and new born baby in rural areas. Shima, 21 years old woman said, *“Trauma caused by experiences of child abuse and neglect appears to have serious effects on the developing brain. Chronic, toxic stress of the sort experienced by maltreated children, and particularly in the absence of consistent, supportive and interactive relationships with adult caregivers, has been found to have an especially deleterious effect on young children's growing brains. Exposure to complex and chronic trauma can result in persistent psychological problems.”*

Almost 70% girls are doing caesarean section during their delivery and 29% are taking vaginal delivery. Caesarean delivery is very common in Bangladesh because most of the do not know the side effect of it and sometime they are forced to do it by consulting with greedy doctor in Bangladesh. About 75% mothers are delivering low birth weight babies. This type of incident happens commonly on rural areas as girls are mostly illiterate. Most of the baby is low birth weight because of the early pregnancy and malnutrition and lack of proper treatment in rural areas in Bangladesh (Anwarul Islam, 2016).

Child marriage, maternal and newborn healths are interrelated. Child marriage not only deprives the common human rights of the girl but also go into to poisonous effects on her health during pregnancy and childbirth. Child marriage hampers the probability of the girls finishing her education, minimizing the facilities of earning her livelihood. This leads to a vicious cycle of scarcity and little literacy levels coupled with religious, societal and cultural influences which lead to higher prevalence of early marriages. A research carried out in Bangladesh has revealed that one year of impediment in matrimonial age would have enlarged girls' years of schooling by 3 years and probably go ahead to 6.5% higher girls literacy (Islam, 2014). It was experiential in our study that girls who are living poverty line married before the age of 18 years.

Similar interpretation was made by a study conducted by Sah RB et al. 82.9%. The relationship of poverty and child marriage has been explained by Jennifer Birech where a young girl may be considered as an financial burden, when purchased will mitigate the family economically and collectively (Birech & Box, 2013).

We show that girls who marry before the age of 18 years are more vulnerable to face unwanted pregnancies and become higher threat of sexual and reproductive health morbidities and motherly mortality. It was mentioned in our study that 70% of girls delivered by caesarean section as compared to only 29% mothers delivered vaginal section. Related findings were conducted by Ibrahim Isa Ayuba et al. where 31.3% women got pregnant in their teens delivered by caesarean section as compared to 17.8% among the non-teen mothers (Kabir et al., 2016). It was seen in our study that 54% girls fall into bleeding related complication during childbirth such as ante partum and postpartum hemorrhage. Same studies were made by Envuladu EA et al. where 37.9% mothers who got married at an early age reported excessive bleeding during and after childbirth (Dahl, 2010). It was revealed in our study that 75% of girls reported complications in the newborn, the most common complication being low birth weight. One observation conducted by Chowdhury et al. (2013) which reported that low birth weight babies were more common to mothers with an age of less than 20 years (30.8%) as compared to mothers above 20 years of age (25.3%), (Adhikari, 2010).

The reports of ICRW and UNICEF dispute that girls of the poorest households are married off at an early age in order to mitigate the economic burden of the family. Sometimes, women who are required to postpone marriage because of physical immaturity go more schooling (Chariet et al., 2017). Furthermore, programs constructed to increase schooling showed direct effects on both postponing marriage and childbearing (Amin et al., 2018).

This research was interested in researching how child marriages affect poor child health outcomes, in particular, the prevalence of stunting and child mortality in infants and children under the age of five in Bangladesh (Islam, 2014). The literature review included several researches that have shown a relationship between adolescent pregnancy and poor child health outcomes, which laid a foundation for this research (Nasrin, 2012; Envuladu et al., 2014; Goli et al., 2015; Islam et al., 2016; Mehra et al., 2018; Kim, 2018).

By studying the occurrence of stunting and child mortality, it is discernible that these conditions have been declining over the last 18 years. Also, it was found that stunting prevailed more among children who were born to adolescent mothers, while cases of mortality were found more among children born to older mothers. This issue of child mortality can be explained by the fact that childbearing at older ages is also considered to be harmful. Furthermore, these findings are not entirely in line with the studied literature, as research showed that giving

birth at an age younger than 17 was correlated to worse health outcomes (Rahman et al., 2013; Onoh et al., 2014; Chowdhury et al., 2013; Ahmed & Kashem, 2015).

CONCLUSION

The study is conducted to explore the consequences of child marriage particularly addressing the life stages and violence due to child marriage in Bangladesh through empirical evidence. It is revealed that the destructive custom of child marriages is shifting for the better as over the years more and more girls marry at more mature ages. The findings also explore that early marriage creates maternal mortality with 32.95% of the sample population and almost 36% have faced unwanted pregnancy, 23.86% experienced sexual risk taking from their husband in rural areas, 25% girls are taking unsafe abortion and 26.13% respondents are the victims of severe injury due to early marriage. HIV viruses (9%) of the respondents are facing due to improper and unsafe sexual relation with multiple partners and about 36% had faced chronic pain syndrome. Almost 70% girls are doing caesarean section during their delivery and 29% are taking vaginal delivery. About 75% mothers are delivering low birth weight babies. There is still scope for upgrading in the right of entry to education. Although on the right track, more strategic targeting should be implemented with a stronger orientation towards the poorest households in Bangladesh. An area specific attention is required through raising awareness of the people about the bad consequence of the early marriage and exercising the existing rules properly to reduce the trend of early marriage.

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